

<b>REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION</b>		1. Date
2. Name (last, first, middle)		3. Suspense date (10 working days)
4. Organizational assignment	5. Position title (& grade)	6. Personnel Division: Overt      Covert
7. The Medical Office is requested to check the desired action, returning the original copy of this form to the appropriate Personnel Division no later than the suspense date indicated in Item No. 3.		
a. Approve      b. Hold pending receipt      c. Request      d. Rejected		
<input type="checkbox"/> processing <input type="checkbox"/> additional medical <input type="checkbox"/> pre-employment <input type="checkbox"/> for medical		
<input type="checkbox"/> for E.O.D. <input type="checkbox"/> information. (Form <input type="checkbox"/> medical <input type="checkbox"/> reasons.		
<input type="checkbox"/> letters attached) <input type="checkbox"/> examination.		
8. Remarks:		
		Medical Office

Form No. 37-163  
Feb. 1953